This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1-27-08</u>	Address:	H207 N. HUMPTY DUMPTY
Case #:	24F28953		CROMWELL, IN 46732
County:	KOSCIUSKO		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
=	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open ~ No Structure ☐ Other:
Items Found; Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agen		Investigative Information Ephcdrine/Pseudoephedrine Tracking Log Retail/Mcrchant Tip Other: ies that serve the location:	
Health Dep	ment: SYRACUSE FIRE artment: KOSCIUSKO etion Service:	Fax: <u>574-4</u> Fax: <u>(574)</u> Fax:	269-2023
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JASON FAULSTICIT Phone 1-800-552-2959			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.